

# Partnership Agreement 2016

## Between

(Please Complete This Form The Way You Want It To Appear in Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency # or P.O. Box #: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## And

## The Erin Agricultural Society

Contribution for the year 2016 \* Event Choices: Same as last year  OR  
\*  
\$ \_\_\_\_\_ Worth of product, \* 1) \_\_\_\_\_  
\$ \_\_\_\_\_ Worth of services, \* 2) \_\_\_\_\_  
\$ \_\_\_\_\_ In monetary donations, \* 3) \_\_\_\_\_

For a total of: \$ \_\_\_\_\_ CHEQUE ENCLOSED  POST DATED CHEQUE ENCLOSED

Which represents the \_\_\_\_\_ Category. (ie. Gold, Silver, Bronze, Friend of Fair, etc.)

### On behalf of Partner:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

### On behalf of E.A.S.:

Partnership Committee Member

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received Certificate Seal for 2015: Yes \_\_\_\_\_ No \_\_\_\_\_ Require new certificate? Yes \_\_\_\_\_ No \_\_\_\_\_

Change of Address Yes \_\_\_\_\_ No \_\_\_\_\_ Change of E-Mail Address Yes \_\_\_\_\_ No \_\_\_\_\_

***Please return by April 15, 2016***

**Post Dated Cheques will be accepted but must be dated August 31, 2016 or earlier.**

*Erin Agricultural Society*

*P.O. Box 906, Erin, Ontario, N0B 1T0*

*Telephone: (519) 928-3083 Fax: (519) 928-9972 or e-mail*

[secretary@erinfair.ca](mailto:secretary@erinfair.ca)

### OFFICE USE ONLY

Cheque received  Product Received  Invoice Required  Charitable Receipt

Cheque Number \_\_\_\_\_

Invoice Number \_\_\_\_\_